

Privacy Act Release Form for the Office of Senator Saxby Chambliss

Please Return Completed Form to:

Senator Saxby Chambliss
6501 Peake Road, Building 950, Macon, Georgia 31210
Phone: 478-476-0788 / 800-234-4208
Or Fax to: 478-476-0735

PLEASE PRINT:

CIRCLE PREFERRED TITLE: MR. MS. MRS. DR. OTHER: _____

NAME: _____

ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

MOBILE PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

IDENTIFICATION NUMBER: Please provide any relevant identification number in order for the appropriate Federal Agency to identify your records pertaining to this inquiry. *Not all of the following identification numbers pertain to every constituent.* Please provide any number relevant to your personal case.

VA NUMBER: _____ CSA OR CSF NUMBER: _____

OWCP CLAIM(S) NUMBER(S): _____

ALIEN IDENTIFICATION NUMBER: _____

IMMIGRATION RECEIPT NUMBER: _____

OTHER IDENTIFICATION NUMBER: _____

FEDERAL AGENCY OR DEPARTMENT: Please specify the name of the Federal Agency or Department involved in the space provided below.

Pursuant to the requirements of the Privacy Act, PL 93-579, I hereby grant Senator Chambliss and his staff access to my records so that they may assist me with my case.

SIGNATURE: _____ **DATE:** _____

NATURE OF PROBLEM: Below and on the following page or in an attached letter, please provide a complete statement regarding the nature of the problem and the assistance needed from this office. Please attach copies of any additional pertinent documents.

STATEMENT: _____

STATEMENT CONTINUED: _____

[illegible]